

Release of Claims, Indemnity and Hold Harmless Agreement

I, _____, being 18 years of age or older, in consideration of my participation in the Town of Dedham's public health flu vaccine program as a recipient of the Seasonal Influenza vaccine (combination of Influenza and H1N1) and/or Pneumococcal vaccine, and for other good and valuable consideration hereby acknowledged, do hereby agree in behalf of myself, my heirs, and personal representatives, to forever RELEASE the Town of Dedham, Massachusetts, and their successors, assigns, employees, agents, staff, officers, volunteers, and contractors (the "Releasees"), from any and all claims, actions, rights of action, and causes of action, liability, damages, costs, loss of services, expenses, compensation and attorneys' fees, however arising, as a direct or indirect consequence of the administration of such vaccine.

I further acknowledge that my participation in such public health flu vaccine program is voluntary and may expose me to the risks of such vaccine. I therefore also promise, to IDEMNIFY, REIMBURSE, DEFEND, and HOLD HARMLESS the Releasees against any and all legal claims and proceedings of any description including damages, costs, attorneys' fees however arising as a direct or indirect consequence of my participation in such program.

I hereby further covenant for myself, my successors, assigns, heirs and personal representatives not to sue the said Releasees on account of any such claim, demand or liability.

I am fully aware that by signing this document I am releasing the above mentioned parties from liability that may arise as a result of intentional or negligent acts of these parties.

Witness my hand and seal this _____ day of _____ in the year _____

Name (Printed) _____

Signature _____

Signature of Witness _____

THIS FORM MAY NOT BE ALTERED

NOTE YOU MUST BE 18 YEARS OF AGE OR OLDER TO PARTICIPATE IN THIS PROGRAM.